

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VI.

LOUISVILLE, AUGUST 3, 1878.

No. 5.

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EDITORS.

Original.

SOME QUESTIONS IN GYNECOLOGY.

BY L. S. OPPENHEIMER, M. D.

Part V.

HISTOLOGICAL CHANGES.

With regard to the histological changes which occur in the principal maladies of the uterus, Dr. Courty* has lately divided them into three categories. His conclusions and classifications are about these:

"1. In the uterus, as in all other organs, we observe the histological developments and changes which characterize all general diseases; and the changes, or rather the elements which characterize them, present here the same structure, the same origin, and the same terminations as elsewhere.

"2. In the uterus, as in all the organs, we often find the changes of tissues, that is, the constituent elements of these tissues, to correspond with the original development, the evolution of these same histological elements, and also with the nutritive changes to which these are subject by virtue of their proper manner of existing, or by virtue of the influence of the various morbid localizations. Such are the characteristic alterations in inflammation, suppuration, engorgement, atrophy, hypertrophy, fatty degeneration, vascular changes, etc.

"3. In the uterus, however, the histological changes of which we have just spoken differ from those in other organs on account of

their greater frequency and their more rapid course, this corresponding to the proper vitality of the uterus. Furthermore, the changes which here at times manifest themselves have no analogy with any other organs, neither for the form nor the activity of development; further, the various tissues of this organ are in a continuous state of progressive or regressive evolution—always an instance of organization and disorganization; and, moreover, a thing peculiar to this organ is, that its tissues, although definitely arranged, contain elements absolutely embryonical in nature, a circumstance never seen in any other tissue, nor found ordinarily outside of a pathological condition, save in the embryo. And these elements give the anatomical signs most affirmatively of this characteristic state of continuous evolution, of active organization, an unstable equilibrium, vacillating constantly between a tendency toward hypertrophy and a tendency toward atrophy—which is that trait of organization of the uterus at a time the most marked and the most peculiar."

These conclusions of Courty must seem additionally interesting when we remember what a comparatively small amount of connective tissue is contained in the normal uterus (to which fact may be ascribed the rarity of interstitial suppurations here). This connective tissue, however, may so hypertrophy as to give rise to absorption of the muscular elements, and thus we have what Thomas terms *areolar hyperplasia*.

The mucous membrane is also somewhat unique in its structure, its blood supply, as well as its store of glands, being exceedingly great, these conditions essentially dis-

*Séance de la 27me du Mai, 1877; Gaz. Méd. de Paris.

posing the organ toward being the seat of inflammations and of catarrhal troubles. It is thus easily understood how follicular polypi and other tumors, solid and cystic, granulations, etc., even true concentric hypertrophy, may have their beginning in a simple hypertrophy of the mucous membrane, extending itself into the papillæ, the superficial vessels, and epithelium, attacking the glandular elements, etc.

Indeed the maladies of the uterus, whether these originate in a local or a general cause, are in the main due to the exaggeration of some normal function or some form of normal development or normal change. This is comparatively truer of the uterus than of any other organ, because no other organ is so *inherently* susceptible, if I may be allowed the expression—inherently susceptible by virtue of the above-mentioned attributes.

Part VI. TREATMENT.

This brings us to another important point, namely, the *treatment*, for "this is," as Courty declares, "the true key-stone to all uterine maladies."

All of you have seen cases innumerable where the treatment by cauterizations, incisions, leeches, baths, etc., have only temporarily cured the evil, and where, after but short intervals, the trouble returned. Many of these cases are due to some general cause, and require general treatment. With this latter regard I have but little to suggest. You are well acquainted with the popular modes of treatment of scrofula, tuberculosis, syphilis, chlorosis, or anæmia, herpetism, and rheumatism. For the first four the usual tonics, alteratives, etc.; for herpetism, the various forms of arsenic and strychnia; for rheumatism, the bitters, the alkalies, the salicylates—with alkaline baths, etc. As to the effects of amenorrhea, adenitis, and lymphangitis, these are treated according to their symptoms.

In addition to this, baths of different kinds should be exhibited in all cases of chronic disease, and in many acute and sub-acute.

These baths are medicated or non-medicated, as the case indicates, and the temperature of each bath suited to each case. Among the former are sulphur, mercurial, alkaline, arsenical, etc. They should all be used as hip-baths. The most useful of them is, beyond contradiction, the sulphur bath; it is prepared by adding three and a half to four ounces of the sulphide of potassium to a hip-bath; to be used twice a week or oftener.

Foremost among the non-medicated baths stand the cold hip-baths, as used by Gallard, of Paris, in his extensive practice. It might almost be considered as G.'s panacea for all uterine evils, so general is his application of it; its greatest benefits, however, are to be obtained in acute or sub-acute cases of uterine or vaginal troubles. I have seen cases of metrorrhagia lasting for over a month, permanently cured by this method alone in a few days. The mode of administration of these baths is not that of an ordinary hip-bath, but differs in that the water must be *en courant*. The stream should be so gentle at first as not to be felt by the patient, and gradually increased in force. The whole bath should not last longer than two minutes on the first day, then upon each succeeding day the length of time increased one minute. At the same time I order the patient to use a vaginal tube made of glass, with one end pierced with holes, like Ricord's syringe, thus allowing the whole vagina and neck of uterus to be bathed. This tube must be used in all the baths spoken of above, this being a necessary part of the treatment.

Dr. Martineau mentions all acute uterine troubles as being contra-indications for the use of the bath, excepting simple functional derangements. It will be found, however, that almost all kinds of acute troubles are oftener relieved by it than otherwise.

In those cases where bathing is impracticable the local bath may be substituted, when the patient is in bed, by an elevated bucket and a rubber tube running therefrom to a double vaginal irrigator, like that of

Maisonneuve, with a second tube leading from the irrigator into a second bucket at the foot of the bed. This may be kept up for half an hour or an hour, and longer.

It should be borne in mind that the vagina absorbs very easily, as has been so often and so clearly proven by the experiments of Dr. Hamburger.* This is particularly evident in those cases where vaginal suppositories of belladonna are exhibited, and are soon followed by cessation of pain, marked dilation of the pupils, a general feeling of comfort, etc.

This bathing method may therefore be classed differently from either general bathing or from simple injections.

Neither of these methods of treatment, although so effectual, have any material influence upon the pregnant uterus, and may be used almost heroically without fear.

Regarding the effects of vaginal injections in producing metro-peritonitis,† abdominal pains,‡ etc.,§ these are, as Dr. Mundé remarks, very rare, and need not in the least modify our present course.

The best position for making these injections is the knee-elbow posture, as proposed by Dr. E. R. Palmer,|| of Louisville; the medicament is thus allowed to come in contact with the greater part of the vagina; the patient should, however, lie upon her back before ridding herself of the fluid in order to allow the injection to bathe as well as the cul-de-sac thoroughly.

As to the local treatment of the uterus itself I have nothing new to offer, nothing to suggest, except that in very chronic cases of endo-uterine affections the stronger caustics are far preferable to the weaker, and in particular nitric acid. I have seen the most unexpected and beautiful results from it after only one or two applications. There are also

quite a number of cases published proving its utility in certain forms of uterine disease.*

There are still many practitioners who treat all ulcers of the cervix as though these were due to a single cause, or like an ulcer in any other part of the body. One practitioner will treat all these cases on the principle that all are due to follicular inflammation, another treats all his cases as due to an endo-metritis, etc. Under such a plan, what matters it whether they be treated with all the cauteries, alteratives, astringents, etc., in the pharmacopœa? Their cures are never other than accidental cures at the most.

Most cases of acute and sub-acute vaginitis may be nicely treated with a cataplasm made of *fucus crispus*, or sea moss. The most convenient form of applying it is that of a card about one eighth of an inch thick, and cut to any size required, the moss being pressed to this form. This card is steeped in warm water and rolled together before applying, a fresh one being applied each day. It is very soothing and agreeable in cases of vaginitis, and in the majority of acute cases is sufficient of itself to effect a cure.

I have restrained, so far as possible, from going into the minutiae of subjects which, perhaps, it would have been better to have written out fully, but that lengthy papers are not usually read with the same zest as are curt ones. I therefore hope that the absence of any extensive suggestions or criticisms in therapeutics will be pardoned here.

This finishes the remarks that I have to offer at this date upon the subject of uterine maladies as due to a general cause. The results, as here laid down, in a measure, perhaps, lack that perfection desirable in the diagnosis of all diseases; and, in some other points, as in herpetism, purpura rheumatica, pelvic lymphangitis and adenitis, very little is definitely and satisfactorily proven. It is not the writer's aim, however, to push forward any doctrine to extremes, but rather

* Quoted by Louisville Medical News, 1876, from Prager Vierteljahreschrift.

† Obstet. Jour. 1875. Report of progress in Gynecology in 1875, by Paul F. Mundé.

‡ St. Louis Med. and Chir. Jour. 1875. Progress of Gynecology in 1875, by Paul F. Mundé.

§ (a) Bailly. Archiv. de Toxol. 1877; (b) Richet. Anat. Chir. 1877.

|| Louisville Medical News, 1876.

* (a) Amer. Jour. of Obstet. 1875-1876; (b) Ann. de Gyn. Paris, 1875, and others.

to inquire into and analyze it. It is not the theory which science recognizes, it is the demonstration of the theory.

The question which has here been laid before you is worthy of further investigation, and I herewith submit the subject of these pages to your honorable consideration.

LOUISVILLE.

Correspondence.

LETTER FROM LONDON.

To the Editors of the Louisville Medical News:

In my previous letter I alluded in a brief way to the operations seen by me during six days spent in the different hospitals. I shall now venture to jot down a word as to some other cases, and describe more in detail the favorite treatment here in surgical diseases. All open wounds are almost universally treated by the antiseptic method. In offensive suppurating wounds the dressing is changed daily until all offensiveness disappears (which takes about three dressings); then the dressing is left untouched for two, three, or even four days, only being changed often enough to keep the parts sweet, the single result aimed at in these cases. In operations under the spray, and where immediate union is desired, the dressing, if doing well, is permitted to remain from six to nine days. In a case of ovariectomy, where the dressing was removed on the eighth day, the incision was found to be united. The sutures were then removed with antiseptic caution and the dressing reapplied.

In Mr. Spencer Wells's 974 ovariectomies the clamp was used 757 times, with a mortality of 20.73 per cent. The ligature was used 217 times, with a mortality of 36.2 per cent. Though he now concurs with the rest of the surgeons in the belief that the antiseptic treatment will diminish the mortality in ovariectomy with the ligature.

The utility of the antiseptic treatment, as held by its advocates, consists in destroying and preventing within the wound any bac-

teria that by their presence would irritate the tissues and retard healing, and to secure the immediate absorption of any escaping fluids. The destruction of germs within the wound is caused by the carbolic spray (carbolic acid one part, water forty parts,) and immersion of all instruments to be used in the same solution. The spray is always blown over the parts during operations or redressings, and continued until the dressing is completed. The dressing is begun by applying the protector (oiled silk coated with copal varnish and covered with a thin layer of dextrine and starch, imperious to carbolic acid,) immediately over the wound to prevent irritation from the acid. The next applied is the carbolized oil gauze, a thin, open-textured cotton gauze, impregnated with a solution of carbolic acid and olive-oil, one to ten, and folded eight layers thick, extending four inches beyond the edges of the wound. Then comes the carbolized gauze, the same gauze as the above, imbued with a solution of carbolic acid one part, paraffine sixteen parts, resin four parts, folded eight layers thick, and extending six inches beyond the edges of the wound; over this a piece of gutta-percha tissue or macintosh cloth is spread to prevent the discharge from soaking through at one spot and becoming decomposed, but to cause it to be diffused equally over the whole dressing. The spray is now shut off, a carbolized bandage applied, and the dressing is completed. If the spray and carbolized gauze is not at hand the wound may be dressed with common open, flimsy cotton soaked in the oil solution and applied four or five layers thick, covered with carded oakum to a good advantage in offensive and free discharging wounds.

There are diseases in which carbolic acid is used apart from its employment in purely surgical cases, for, besides its destructive influence upon the bacterium, it seems to exercise the same power over other vegetable germs which are the causes of various diseases in and upon the human body. In pustulating and suppurating diseases of the skin

a strong glycerine solution (glycerine 1, acid 4,) is introduced into the interior of the sore or pustule; boils, carbuncles, etc., when it is used in their early stages, are often aborted, and at other stages further increase generally prevented. It is also recommended and advised in the pustules of small-pox eruptions, either before or during the process of maturation.

In ulcerations of the neck of the uterus the strong glycerine solution is used in preference to other caustics.

In phthisis, when the sputum is of the muco-purulent character, and the cough troublesome, inhalations of a vapor from ten grains of the acid to half a pint of hot water inhaled for ten minutes, three or four times a day, according to the necessities of the case, often proves beneficial in lessening the cough and diminishing the secretion of sputum.

Fistula in ano is treated by the majority surgeons by the division of the sphincter, which is generally effected by the curved bistoury; though of late a plan is being tried in deep seated fistula, where hemorrhage is apprehended, that consists in passing a stout cord through the fistulous track with the probe, and, seizing each end of the cord, pulling it to and fro until the tissues are cut through. It has the advantage of dividing the structures with but little bleeding. In patients where the dread of cutting will not permit the use of the knife the elastic ligature is drawn through the fistula and tied tightly. This usually ulcerates through in a few days, causing very little pain, and without hemorrhage. The after-treatment is as simple as possible, and is intended merely to favor the closing of the wound by granulation from the bottom.

Experiments have been made by Sir Henry Thompson with the microphone to test its value of assisting in detection of small fragments of stone left in the bladder after lithotripsy, but so far they have been more novel than useful, the conclusions arrived at being that a stone small enough to elude the vigilance of an expert must be too small to be

picked up by a lithrotrite and sufficiently small to pass through the urethra.

Truly yours, D. A. COYLE, M. D.

LONDON, July 4th.

MALARIAL DIARRHEA.

To the Editors of the Louisville Medical News:

I have had in my practice this summer forty-three cases of a peculiar disorder of the bowels which have been proved by the treatment to be due to malarious influence.

Case after case comes to me with dull, heavy pains in the umbilical regions, and diarrhetic discharges in great quantities, resembling soap-suds. I began by giving a mild saline, then opiates, astringents, chalk mixtures, etc.; in fact, almost every thing ever recommended for diarrhea, and succeeded in most of the cases in checking the discharges, but failed completely in relieving the gnawing umbilical pains, except when I kept my patient under the influence of opiates. I finally discovered a distinct diurnal periodicity, the pains being most severe during the day. I then ceased all former treatment and commenced at once on cinchonidia (which I use almost exclusively instead of quinine). I gave the cinchonidia every three hours during the day and night in the six first and the succeeding thirty-seven cases, and was gratified to find that this antiperiodic treatment completely relieved them all in from eighteen to twenty-four hours.

ARTHUR, IND.

A. G. HOBBS, M. D.

Dr. L. P. Yandell:

Your article in a late number of the News upon the subject of Chloroform in Labor would seem to indicate that the question is still an open one, and that the drug has not yet attained a fixed position in the minds of the profession. It is with the hope of adding something, however little, to the store of information upon the subject that I venture to give my own experience with it, and my opinion as to its claims upon the profession. Most of those who advocate the use

of chloroform in labor advise its restriction to the last stage, and seem to ascribe to it no other virtue than the palliation of pain; admitting that it possessed only this power, I see no reason why it should be thus restricted. In many labors the greater suffering is during the first stage, and much the larger portion of time involved in the labor is occupied with this. A rigid and unyielding os is the usual source of delay in these cases, and it is alike to the interest of the physician and his patient that it should be promptly removed. Of the means to accomplish this end nothing which I have ever used has given me the same satisfaction which chloroform has. In a case in which I deem its use advisable I give enough at first to bring the patient well under its influence, and then repeat, not at the onset of every pain, but sufficiently often to maintain the needed relaxation. Thus used, chloroform has seldom failed me, but has often spared me hours of anxious waiting and my patient the severe suffering involved in a tedious labor. To conclude, I do not hesitate to employ chloroform in the *first stage* of labor which the presence of a rigid os promises to render tedious. I give it in the last stage of labor, which uterine contraction and a resisting perineum render more than ordinarily painful.

HENRY CHENOWETH, M. D.

ST. MATTHEWS, KY.

Books and Pamphlets.

ON THE POSTURAL TREATMENT OF TYMPANITES INTESTINALIS FOLLOWING OVARIOTOMY. By Edw. W. Jenks, M. D., Professor of Medical and Surgical Diseases of Women and Obstetrics in Detroit Medical College; Fellow of the Obstetrical Society of London; Fellow of the American Gynecological Society; Honorary Member of the Cincinnati Obstetrical Society, etc., etc. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XI, No. 3, July, 1878. New York: William Wood & Co. 1878.

This is a novel treatment of Prof. Jenks, and consists in turning the patient bottom

upward, or, as the author more classically expresses it, "inversion." The following extract from the brochure conveys a vivid idea of the method:

She seemed so near moribund from exhaustion that she was entirely indifferent as to what was being done for her. With the aid of my colleague, Prof. Andrews, and one of my assistants, I took the patient from her bed and gradually inverted her. There was no effect manifest from partial inversion, but when we got her in the position of complete inversion, really standing her upon her head, there was, to our gratification and the manifest relief of the suffering woman, a rush from the anus of the pent-up intestinal gas, coming out with a force more remarkable than any thing of the kind I ever before witnessed. The patient, as she began to experience relief, instead of being passive in our hands, complained in no mild terms of the unkind and ungentlemanly treatment she was receiving. From this time there was no further trouble. If the gas seemed to be accumulating, or was not readily expelled, raising her hips, gently kneading, or turning her from side to side, would cause it to be expelled. The patient encountered no more difficulties, and made an excellent recovery.

A NOTE ON THE EPIDEMIC OF YELLOW FEVER AT PORT ROYAL IN 1877. By Manning Simons, M. D., Charleston, S. C.

REPORT OF A SUCCESSFUL OPERATION FOR ARTIFICIAL ANUS IN A CASE OF IMPERFORATE RECTUM. By Manning Simons, M. D., Charleston, S. C.

REPORT OF THE COMMITTEE ON STATE MEDICINE AND PUBLIC HYGIENE. By Manning Simons, M. D., chairman, Charleston, S. C.

These papers do credit both to the energy and professional ability and acquirements of their author.

THE RELATION OF MEDICINE TO LAW: A Valedictory Address to the Graduating Class of the Cincinnati College of Medicine and Surgery, delivered February 23, 1878. By J. W. Underhill, M. D., Lecturer on Medical Jurisprudence. Reprinted from the Cincinnati Medical News, Vol. VII, No. 3, March, 1878. Cincinnati: Elm Street Printing Company, 176 and 178 Elm Street. 1878.

A timely address on an important subject. The author insists that physicians should be acquainted with the law as it pertains to their profession; that they should be liberally paid for their testimony as medical experts; that they are under no obligation to treat the clergy gratuitously; that dissec-

tion should be legalized; that cremation will eventually become a sanitary necessity, and that doctors should keep themselves "abreast the progress of medicine." Alas, how few conscientiously perform this duty!

MESSAGE TO THE MEDICAL ASSOCIATION OF ALABAMA, at its Annual Session at Eufaula, April 9, 1878. By Peter Bryce, M. D., President of the Association and Superintendent of the Insane Hospital at Tuscaloosa. Extracted from the Transactions. Montgomery, Ala.: Barrett & Brown, State Printers. 1878.

Full of scientific interest and abounding in sensible suggestions. It is an address worthy of the able body to which it was addressed.

THE APPLICATION OF PRESSURE IN DISEASES OF THE UTERUS. By V. H. Taliaferro, M. D., Atlanta, Professor of Obstetrics and Diseases of Women and Children in the Atlanta Medical College. Reprinted from the Transactions of the Medical Association of Georgia. Atlanta, Ga.: Jas. P. Harrison & Co.

A plausible and apparently practicable idea is elaborated in this pamphlet. The treatment is original with the able author, and is likely to attract attention. It consists in pressure by means of the tampon, and sheep's wool is the material recommended.

Miscellany.

CONTEMPORANEOUSNESS OF ERUPTIVE FEVERS IN THE SAME SUBJECT.—*Jour. de Med. et de Chirurgie Pratique*: The question as to whether eruptive fevers can be simultaneously developed in the same person has always been one giving rise to much discussion. M. Bez, having collected together a great number of observations on this subject, has just published a very complete work which would seem to solve the problem. After having traced the whole history of the question, the author discusses in the first chapter the co-existence in the organism of the virus of measles and scarlet fever. In a general way the two fevers are developed side by side, the exceptions to this rule only concerning points of detail or special circumstances. Measles, without being al-

ways abnormal, presents more frequent and various irregularities than scarlet fever (less prevalence of morbillous exanthem in cases where measles precedes scarlet fever, absence of catarrhal prodromata of measles in a contrary case). When there is a simultaneous appearance of the two eruptions there is not a fusion of scarlet fever or measles into a third morbid form, but a union of the general symptoms of the two fevers, and not the production of a new malady, *rötheln* or *rubeola*. Concerning *rötheln* or *rubeola*, or epidemic roseola, the author raises a very important discussion, and, after a very complete history, he proves that a number of different conditions are classed under this title, both contemporaneous eruptive fevers and abnormal eruptive fevers. Under the name of *rubeola*, he describes a mild eruptive fever which bears the same relation to measles that chicken-pox does to small-pox. This is also the opinion held by Trousseau. Prognostically the cases where measles has succeeded scarlet fever appear the most serious. Although difficult of explanation, this fact has not been the less plainly established by the observations recorded in the thesis. The co-existence in the economy of the virus of measles and small-pox produces also modification in the symptomatic manifestation of the two affections. Measles, during the febrile stage, retards the maturation of the vesicles and lessens the supuration of the pustules of the small-pox. This action has nothing special, but is analogous to that of other febrile affections. When there is co-existence of the two eruptions, measles has no influence on the small-pox except that it remains rather later. Apart from these circumstances the two eruptive fevers develop together, without reciprocal modification. From a prognostic point of view, the cases where there has been a successive eruption of measles and variola have been the worst. Scarlet fever and small-pox may also show themselves simultaneously in the same individual, but there are fewer peculiarities to be noticed in the simultaneous development of these two

diseases. Like measles, scarlet fever, when developed at the beginning of the small-pox eruption, retards its development. But this action is only manifested in a very few cases. This is held referable in a great degree to the fact that a great proportion of patients have not had scarlet fever until after the small-pox eruption has been completely developed. Measles and chicken-pox co-exist also very often in the same individual. In spite of the frequency of this coincidence, but few observations of it have been published. The two maladies do not seem to be influenced by each other. Chicken-pox may also accompany scarlet fever without such co-existence giving rise to any special points. M. Bez has collected sixty-eight cases of the exanthemata of measles, scarlet fever, or chicken-pox appearing in the course of vaccination. It is mostly measles or chicken-pox, far oftener than scarlet fever, that complicates vaccination. All the facts cited support the opinion that whenever vaccination has been practiced during the incubation or invasion of eruptive fevers, they have never been the cause of either absence of development of the vaccine, prolongation of the period of incubation, or failure of it. The only influence which eruptive fevers exercise on the phases of maturation, suppuration, and desiccation of the vesicles is that they are retarded or prolonged more or less. Typhoid fever is sometimes followed, at a late epoch of its development, by an eruptive fever. As Murchison has remarked, it is very rarely that typhoid fever is seen to come unexpectedly in the course of an eruptive fever; the contrary has nearly always been noticed. He says this is due to typhoid fever, unlike scarlet fever, measles, small-pox, or chicken-pox, not possessing an essentially contagious nature. M. Bez studies last the extremely rare cases where three eruptive fevers co-exist in the same individual. The gravity of the malady, according to Rilliet and Barthez, is greater when the eruptions have appeared one upon another, while if they are separated by an

interval of health, all three may succeed each other without proving fatal. The diagnosis is sometimes very difficult. The most common error consists in taking varioloid or hemorrhagic small-pox, accompanied by erythemata resembling measles and scarlet fever, for the triple association of measles, scarlet fever, and small-pox.

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

OFFICE SURGEON-GENERAL, U. S. M. H. S., }
WASHINGTON, July 27, 1878. }

New Orleans. About the 12th inst. cases of *yellow fever* began to occur in New Orleans. At first they were at one focus of infection only, but others soon appeared at different points, and up to yesterday evening thirty-seven cases and seventeen deaths had been reported to the state board of health. So far the board has been unable to trace the outbreak to foreign sources. Carbolic-acid disinfection is being vigorously carried out at all infected points, and the remarkable success which has attended the efforts of the board in this direction in the past few years gives hope of preventing the outbreak from assuming epidemic proportions. Three or four persons from New Orleans have died of yellow fever at points above that place on the Mississippi.

Brooklyn. No new cases at the navy-yard since last Saturday's report.

Key West. From 10th inst. to noon today six new cases of *yellow fever* in the harbor and three in the city have occurred.

Havana. During week ended July 13th there were ninety-seven deaths from *yellow fever* and twenty-two from *small-pox*.

Matanzas. Advices to the 19th show increased cases and increased ratio of deaths.

Japan. Occasional cases of *cholera* during winter and spring to June 19, 1878, at Yokohama and vicinity show the poison of the disease has survived the winter. The epidemic of last September, October, and November extended to all parts of the empire, with a mortality of 7,967 out of a total

of 13,710 cases, or 581 deaths to 1,000 cases.* No means yet instituted in Japan to prevent importation of the disease from China, where it exists, and where the famine furnishes most favorable conditions for its re-appearance in a more malignant form.

Calcutta. Twenty-two deaths from *cholera* during week ended May 25th.

Bombay. Twenty-nine deaths from *cholera* during week ended May 28th.

Reports received from other places indicate good health. JOHN M. WOODWORTH,

Surgeon-general U. S. Marine Hospital Service.

[A case of yellow fever is reported at Cincinnati, imported from New Orleans. The health of Louisville is excellent, there being but thirty-seven deaths in the city last week. —EDS. NEWS.]

ANHIDROTICS.—London Medical Examiner: Concurrently with the increasing development of therapeutics, it is becoming necessary to create new words. An anhidrotic signifies an agent which checks profuse perspiration. The term has been "coined" by Dr. J. Milner Fothergill. There are many agents which effect this purpose when exhibited either internally or applied externally. We may mention dilute phosphoric acid, sulphate of copper, tannin, and gallic acid for internal use; and cold sponging with vinegar and water, and with water as hot as can be borne, externally. Dr. Fothergill considers that belladonna is by far the most potent of anhidrotics, and compares its marvelous effects in checking the exhausting night-sweats of phthisis in its early stage to the beneficial action of digitalis in giving tenacity to a feeble heart. The use of the drug is best demonstrated in cases of slow-spreading, caseous pneumonia involving one lung as low down as the second or fifth rib. The arrest of the drain of salts ushers in improvement. Belladonna is deemed to be a specific anhidrotic acting on the sudoriferous and sub-maxillary glands. Dr. Fothergill recommends that it should be

prescribed in the form of atropine. He begins with a dose of one seventy-fifth of a grain, and if this be ineffective he prescribes one fiftieth; should this fail he orders one twenty-fifth of a grain. From experience, he states that belladonna or atropine may be freely used without any fear as to the advent of serious toxic effects. In pulmonary phthisis, when belladonna does not produce the desired result, oxide of zinc with hyoscyamus may be beneficially substituted. Dr. Sidney Ringer was the first to call attention to the anhidrotic properties of belladonna.

THE worst case of re-discovery with which we are acquainted is by a writer in the Virginia Medical Monthly (ext. Southern Medical Record) where he gives as a new plan for tying ligatures, sutures, etc., the method of passing "one cord under the other two or three times instead of only once," when the "first part of the knot will not slip." The paternity of this—the "surgeon's knot"—is in dispute, but its antiquity is not questioned. It is supposed by some to have been introduced by Ambrose Paré (1562½), when he revived the use of the ligature; but several models of it having been brought to light in the Trojan excavations knocks this theory in the head. Many surgeons, as is well known, have condemned the knot as clumsy and as favoring secondary hemorrhage (when applied to arteries), from the fact that the additional turn prevents it from being drawn tightly enough. The dangers, however, are overestimated we think, and the knot is a very convenient one.

OPIUM-EATING IN THE UNITED STATES.—There is annually imported into the United States no less than 2,600,000,000 grains of opium. It is said that after making full allowance for the legitimate purposes of the drug, some 6,000,000 grains are daily used for its narcotic effects, and that if each opium debauchee be allotted thirty grains a day, this computation would show that there are over two hundred thousand of these unfortunates in the United States.

*Dr. D. B. Simmons, Chairman Health Board, Yokohama.

MUTUAL AUTOPSY SOCIETY.—This society has just lost one of its members, M. Louis Asseline, upon whose body, according with the rules of the society, a post-mortem examination was made by M. Broca. Membership of such a society might almost seem in this case to have been a wise prevision, for the cause of death was of considerable interest—rupture of the left auricle of the heart, the consequence of fatty degeneration. The brain weighed 1,460 grams, a little above the normal. The fronto-parietal sutures were not ossified, as they commonly are at the age of the deceased (forty-nine years). Ossification of the sutures occurs earlier among inferior races than in Europeans, and it is suggested that the retardation may be due to cerebral activity.

TRICHINOUS HAMS.—Prof. Richard Heschel, of Vienna, states that an examination of American hams recently imported into that city has disclosed the fact that a large proportion are infested with trichinæ. He adds, moreover, that several outbreaks of trichinosis, which have lately occurred in North Germany, have probably been occasioned by the consumption of these hams. The statement deserves the attention of medical officers of health in this country, for we are given to understand that American hams are coming very largely into use in this country in consequence of their excellent quality, good flavor, and cheapness. It would be of great interest to learn to what extent, if any, these hams are infested with trichinæ. Although the almost universal habit of using ham here only in a cooked state affords a great safeguard against the development of trichinæ in man—particularly if the meat be, as it should be, well cooked—there is still a not inconsiderable proportion of the population, chiefly, perhaps, the German community in our midst, who use raw ham as an article of diet. It is desirable, in the interest of this part of the population, and of ham-consumers generally, that the degree of danger to which they may be exposed by the use of Amer-

ican hams should be ascertained as early as practicable. As we write, we learn from a correspondent that at the present moment there is a large supply of tempting hams from Canada in the market.—*Lond. Lancet.*

AIDS FOR HORSES.—M. Fehrmann, a German, has recently invented an apparatus which he calls a "Pferde-schoner." It is intended to diminish the fatigue of horses in drawing vehicles, and also to avoid the chances of breaking the shafts and traces. It consists of a number of india-rubber rings, separated from each other by iron rundles, contained in a cylindrical case, with a metallic rod fixed to the last rundle and passing through the whole. When the animal pulls, that rod compresses the caoutchouc, and the weight comes gradually upon the horse's shoulders. The length of the apparatus is about one foot, and two are required for each horse. They are interposed between the traces and the trace-hooks, thus forming an elastic pad between the animal and the weight to be drawn. In commencing to pull, horses do not make a gradually increasing effort, but at once precipitate themselves upon their collars with a sudden jerk, wasting their strength, and probably often doing themselves injury. The apparatus in question remedies that difficulty by the gradual compression of the india-rubber rings. The German Government considered this invention of sufficient importance to order it to be tested by official experiments. The results showed that with the apparatus the initial effort was only one third of that without it, and that afterward the strain on the horse was reduced by some fifteen per cent. In trotting, the initial effort was reduced by one half, and the subsequent relief nearly as much as in the former case.

ADULTERATED DRUGS.—From a large series of returns by public analysts, collected in the Analyst by Mr. Wigner, it appears that, out of the four hundred and three samples purchased, ninety-six were adulterated.—*Brit. Med. Jour.*

UNDER THE EAR.—The ex-president of the Ex-American Mutual Benefit Association of Physicians continues to bother himself about the fate of a wife-murderer. The ill-used friend of the ex-president simply struck his gay partner beneath the ear with a knife, and for this little indiscretion, which had no right to lead to death, he languishes in jail. Only an arterial twig was severed, says the Ex-P., and the doctors did the rest. Well—it must be confessed that the A. M. B. A. of Phys. came to its defunction by a copious enough bleeding which neither compression or suppression could check.

DR. HUGH MILLER, in the London Lancet of 15th June, recounts a case of temporary kleptomania in a boarding-school young lady. It occurred in connection with an acute maxillary necrosis, and disappeared after the painful inflammation subsided. She had before borne an unblemished reputation.

THE suicide of the eccentric barber in Illinois turns out to be bogus. We thought the story had a fishy odor, when it was related that he had left word to have his body sent to Cincinnati.

Selections.

Conflicting Views Regarding the Treatment of Wounds.—London Medical Record: The recent discussion on the proper treatment of wounds in the Academy of Medicine of Paris, can not but excite wonder at the widely different views which are still entertained on the subject by surgeons. On the one hand are those who regard the access of air in its ordinary state to wounded surfaces as productive of the most deleterious results; on the other, surgeons who declare the free exposure of these same wounded surfaces to the air to be the most efficient means for obtaining healing of them. The surgeons who hold the former view, as a necessary consequence, give very particular attention to the nature of the dressings applied to wounds, and to the methods of their application; those who hold the latter view regard all dressings, whatever their nature, as more or less hurtful, because they interfere with the access and

action of the air upon the wounded surfaces which they cover. The antiseptic, or some other analogous method of treatment, is advocated by the one class of surgeons; the open-air treatment of wounds by the other.

The treatment of wounds by cotton-wool dressings, advocated by M. Alphonse Guérin during the recent discussions at the Academy of Medicine, is based on the same principles as those which have led Mr. Lister to adopt the treatment by antiseptic dressings. The great purpose of the application of the cotton-wool is to provide an effective obstacle to the introduction of germs, by filtration of the air before it reaches the wounded surfaces. Purulent infection will never occur, it is asserted, if only air, thus deprived of the corpuscles which resemble the ferments of M. Pasteur, be allowed to approach the injured parts. Only on one occasion, M. Alphonse Guérin stated, had vibrios been found in the pus of a patient under his charge, and that was due to the negligence of the pupil, who had omitted to wash the wound before applying the cotton-wool dressing to it. Whenever vibrios are found in the pus of wounds treated according to this method, whenever pus beneath the dressing contracts a fetid and repulsive odor, it may be taken for granted that the dressing has been badly applied. The filtration of the air is not, however, the only advantage claimed for this treatment by M. Guérin; other benefits resulting from it are the absence of disturbance of the wounded surfaces, which is inseparable from other applications, the gentle and elastic kind of pressure exerted by the cotton-wool, such that no stagnation of fluids is caused in the neighborhood of the wound, the even and constant temperature maintained by it, and the freedom from pain which is the result of these conditions. The occasional favorable results of the treatment of wounds by drainage, by continued irrigation, by partial exposure to air, and also by the insufflation of air practiced by M. Buisson, of Montpellier, M. Guérin ascribes to the influence of a fact made known in a late communication by M. Pasteur regarding the septic vibrio. M. Pasteur has shown that the septic vibrio dies when exposed to the atmosphere in a thin layer of pus, but that it is found to live and multiply when it is separated from the air by a certain thickness of vibrios which have been deprived of life by contact with it. This fact M. Guérin regards as a revelation of great importance. To an English surgeon it appears a very noticeable fact how little heed is given to securing union of wounds by first intention, either in M. Guérin's remarks or those made by the other speakers at the Academy. It seems as if primary union were regarded by them as so exceptional an occurrence as not to be an event to be looked for in the ordinary treatment of such injuries.

The observations of M. Pasteur, quoted by M.

Guérin, might well have been utilized by the Surgical Society of Moscow, which has been particularly forward in advocating the open-air treatment of wounds, and have been embodied in the report of their committee on the subject, had they been known at the time to those who composed it. As the report of the committee, which was published last year at Moscow, in French as well as in Russian, under the title of the Rational Treatment of Wounds, Method of Aëration, etc., is not likely to have been seen by many surgeons in this country, it may be useful to give in a condensed form the conclusions which are promulgated in it. They are the following: 1. The principle of direct and free contact of the wound with the ambient air is higher, more rational, and more practical than that of protecting the wounded surfaces against the action of the air. 2. The mode of treating wounds by aëration, elaborated by the Surgical Society, is based, on the one hand, upon a knowledge of the essential anatomo-physiological properties common to all wounds, as well as of those of the external agents to which our bodies are continually exposed, and, on the other hand, is confirmed by a multitude of facts and clinical observations. 3. The essential feature of treatment by aëration consists in avoiding all local appliances for excluding air, and placing wounds in conditions favorable for free and direct contact with air. 4. It follows that every porous substance laid on the surface or placed in the depths of a wound ought to be regarded as a direct element of mischief. 5. If any unusual circumstance render the employment of such a substance unavoidable, it is extremely important that it should be transformed into a non-porous agent, and endowed in every case with energetic disinfecting properties. 6. Lint and other such substances, as well as rags of all kinds, are hurtful dressing materials, which ought never to be used in hospitals. 7. It is a fundamental rule of the treatment of wounds by aëration always to seek repair by first intention whenever anatomical conditions will permit it. In all amputation-wounds this is invariably necessary. 8. To obtain cure by first intention, catgut should be used for ligaturing vessels, and metallic sutures for the wound itself. 9. In treating granulating wounds, the granulations should be covered with an adequate layer of secretion, liquid or dried; if they be not so, it is useful to protect them by some semi-liquid substance (disinfected) or else to form a dry eschar with the aid of liquid acid. 10. Granulating cavities, as abscesses, fistulæ, etc., should in like manner have some mucilaginous liquid, either simple or with the addition of a disinfectant, poured into them. 11. The aëration treatment guarantees wounds against nosocomic infections and septic complications. 12. The treatment by aëration is calculated essentially to improve the sanitary conditions

of hospitals, because it banishes dressings from the wards, and restricts suppuration to the last degree among patients. 13. The reasonableness of this treatment, the facility of application and supervision, and the rapidity of the cures rendered possible by it, assure for it a brilliant future. 14. A knowledge of this method may be rapidly diffused, as its general principles are so simple.

The committee of the Surgical Society of Moscow that has propounded the foregoing treatment of wounds without dressings, or by the method of aëration, professes to explain how it happens that wounds are not only cured by it, but also by the mode of proceeding known as Lister's treatment, which at first sight appears to be diametrically opposed to it. It asserts that the favorable results of the treatment by aëration prove that neither the air nor the aërial agents exert any bad influence upon wounds. The committee also state that they prove the hurtful effects of ordinary dressings, and make it evident that the special materials which Mr. Lister employs are endowed with properties by which the pernicious qualities of the dressings and bandages themselves are neutralized. So, after all, we are brought to the conclusion that the antiseptics employed in the Lister method of treating wounds do not exert any beneficial influence by their action on the air or on germs contained in it; they only do good by counteracting the baneful effects of the dressings which are unnecessarily employed in that mode of treatment. As the Surgical Society of Moscow specially called attention to the mode of treatment of wounds without dressings on account of the economical and administrative advantages belonging to it, so important at a time when the Russian military hospital establishments were being organized on a vast scale to meet the necessities of the war in Turkey, it will be interesting to learn hereafter how far it has been practiced, and with what results, in the treatment of the vast number of wounds which that war has occasioned.

A case of hydrophobia, occurring six months after the bite of a dog, and death in thirty-six hours, is reported by Thomas Buzzard, M. D., Physician to the National Hospital for the Paralyzed and Epileptic, in the *Lancet* of June 29th.

A large, deep-seated, acute abscess of the liver, opened with antiseptic precautions—cure—is reported by Edward Henderson, M. D., and Neil Macleod, M. B., in the *Lancet* of June 29th.

Veratria often produces complete intermission of fever when quinine has failed. Its effect is probably due to increased arterial pressure, caused by moderate doses, for this promotes loss of heat through the skin.—*Bins.*